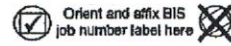




Job Number

Scan Code



Reason for filing cost affidavit:

☒ Initial Filing 2-7

☐ Prior to Approval Actions 1A, 2-7

☐ Post Approval Amendment (PAA) 1A, 2-7

☐ To obtain Sign-off 2-3, 5, 7

Cost information provided must be based on:
 Estimated cost of construction
 Estimated cost of construction
 Estimated cost of construction
 Actual construction cost of completed work

☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☐ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☐ Exterior Renovation

☒ (Describe) Site Safety Plan

[illegible]

12/14

4 Design Applicant Information

Last Name **MOHAMED** First Name **MOHAMED** Middle Initial **O**
 Business Name **MM ENGINEERING PC** Business Phone **917-882-3326** Business Fax
 Business Address **4410 KETCHAM STREET; SUITE 6G** Mobile Phone **917-882-3326**
 City **ELMHURST** State **NY** Zip **11373** E-Mail **OMM99@AOL.COM**
 License Number **070642** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **CHRISTOPHER** First Name **PATRICK** Middle Initial
 Business Name **225 WEST 38TH ST ASS** Business Phone **315-451-2005** Business Fax
 Business Address **110 MANAGERS PLACE** Mobile Phone **315-451-2005**
 City **SYRACUSE** State **NY** Zip **13209** E-Mail **PCHRISTOPHER@CON**

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement or omission is punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

MOHAMED O MOHAMED

Signature

P.E. / R.A. Seal (apply seal then sign and date over seal)



10/10/17

7 Owner's/Lease Holder's Statements and Signatures Notary only required when submitting to obtain sign-off.

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement or omission is punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

PATRICK CHRISTOPHER

Signature

Patrick Christopher
 Date **10/10/2017**

Notarization

State of New York, County of: **Onondaga**

Sworn to or affirmed under penalty of perjury

10 day of **October** 20 **17**

Notary Public Signature

Kathleen Brinkerhoff

Notary Seal

KATHLEEN BRINKERHOFF
 Notary Public-State of New York
 No. 01BR6356637
 Qualified in Onondaga County
 Commission Expires 04/03/20**21**

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		